

**PLANNING AND DEVELOPMENT**

110 West Maddux Street

Suite 215

Phone: (417) 337-8549

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SIGN REFACE APPLICATION**PERMIT # RF-_____**

Business / Project Name: _____

Address of Sign: _____

Contractor: _____

License Number: _____

Owner of Sign: _____

Owner Phone Number: _____

Address of Owner: _____

Authorization of
Owner (Signature): _____

Phone: _____

Mobile Phone: _____

Fax: _____

☐ Freestanding☐ Monument☐ Wall☐ Roof☐ Marquee☐ Canopy☐ Under Canopy☐ Awning☐ Projecting☐ Other

Size of Sign Before & After Refacing: _____

Reface Materials: _____

Drawings are required to verify compliance with the *Branson Municipal Code*.☐ Yes☐ No

Removing the sign cabinet or structure for the reface?

☐ Yes☐ No

Altering the size, shape, or configuration of sign in any way?

☐ Yes☐ No

Is the advertising on the sign you are refacing for the property it is located on?

☐ Yes☐ No

Is the advertising on the sign for another business that is not on the property?

☐ Yes☐ No

Is the sign being refaced illuminated?

NOTICE:**REFACE PERMITS, ARE FOR REFACING OF EXISTING SIGNS ONLY, THIS PERMIT DOES NOT ALLOW FOR ELECTRICAL, STRUCTURAL, OR SIZE MODIFICATIONS.****PROVISIONS:**

THE ISSUANCE OF THIS PERMIT SHALL NOT BE CONSTRUED TO RELEASE THE OWNER OR OWNER'S AGENTS FROM THE OBLIGATION TO COMPLY WITH THE PROVISIONS OF ALL LAWS AND ORDINANCES, INCLUDING FEDERAL, STATE AND LOCAL JURISDICTIONS, WHICH REGULATE CONSTRUCTION AND PERFORMANCE OF CONSTRUCTION. THIS PERMIT BECOMES NULL AND VOID IF THE CONSTRUCTION WORK AUTHORIZED IS NOT BEGUN WITHIN 180 DAYS FROM THE DATE OF ISSUE OR IF AT ANY TIME PRIOR TO FINAL INSPECTION AND APPROVAL THE WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS.

I HEREBY CERTIFY THAT I AM THE OWNER OR DULY AUTHORIZED OWNER'S AGENT, THAT I HAVE READ THIS APPLICATION AND THAT ALL INFORMATION PROVIDED IS CORRECT. I FURTHER CERTIFY THAT I HAVE READ, UNDERSTAND AND WILL COMPLY WITH ALL THE PROVISIONS OUTLINED HEREON. I ALSO CERTIFY THAT THE PLOT PLAN SUBMITTED IS COMPLETE AND ACCURATE PLAN SHOWING ANY AND ALL EXISTING AND PROPOSED STRUCTURES ON THE SUBJECT PROPERTY.

Owner / Owner's Agent: _____**Date:** _____**STAFF USE ONLY**

Approval: _____

Date: _____

RESTRICTIONS: _____